

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3051

State File No.

56

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 216			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home G. Phillips				d. STREET ADDRESS (If rural, give location) 3742 Cook Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Anthia		b. (Middle) _____		c. (Last) Spears		4. DATE OF DEATH (Month) (Day) (Year) I 3 50	
5. SEX Male 2		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 11		8. DATE OF BIRTH 4/10/1907	
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Mound Bayou Mississippi	
12. CITIZEN OF WHAT COUNTRY? Boliver		13a. FATHER'S NAME Zedi Spears		13b. MOTHER'S MAIDEN NAME Amentha Franklin		14. NAME OF HUSBAND OR WIFE Henry Spears	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Henry Spears		ADDRESS 3742 Cook St. Louis	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined - Probable Intestinal Obstruction			
				INTERVAL BETWEEN ONSET AND DEATH Undet.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3742			
22. I, hereby, certify that I attended the deceased from 12-29 19 49 , to 1-3 19 50 , that I last saw the deceased alive on 1-3 19 50 , and that death occurred at 7-2-50 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Montague Dureau				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/6/50		24c. NAME OF CEMETERY OR CREMATORY Portageville		24d. LOCATION (City, town, or county) (State) MO.	
DATE REC'D BY LOCAL HEALTH DEPT. JAN 4 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Price & Dozier			
				ADDRESS 2829 Wash. Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James A. Wyatt

Licensed Embalmer No. _____

P. O. Address 2829 Washington Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.